



1746/4
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|---|------------------------|-------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/656,777 |
| | Filing Date | September 7, 2000 |
| | First Named Inventor | Junji Kuyama |
| | Group Art Unit | 1746 |
| | Examiner Name | Monique M. Wills |
| | Attorney Docket Number | 09792909-0409 |
| Total Number of Pages in This Submission | 12 | |

| ENCLOSURES (check all that apply) | | | | | | |
|--|---|-----|--|---|--|--------------------------|
| <input checked="" type="checkbox"/> Transmitted herewith is Response to July 15, 2003 Office Action. | | | | | | |
| <input checked="" type="checkbox"/> The fee has been calculated as shown below: | | | | | | |
| (1) FOR | (2) CLAIMS REMAINING AFTER AMENDMENT | (3) | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEE |
| TOTAL CLAIMS | 12 | - | 20 | 0 | <input type="checkbox"/> x \$9.00 <input type="checkbox"/> x \$18.00 | \$0 |
| INDEPENDENT CLAIMS | 2 | - | 3 | 0 | <input type="checkbox"/> x \$42.00 <input type="checkbox"/> x \$86.00 | \$0 |
| APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR. | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME | \$0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$0 |
| <input checked="" type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated <u>July 15, 2003</u> by 2 month(s) for a fee of <u>\$420.00</u> so that the period for response is extended to <u>December 15, 2003</u> under 37 C.F.R. § 1.321. | | | | | | |
| <input type="checkbox"/> The amount of \$_____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check. | | | | | | |
| <input type="checkbox"/> The amount of \$_____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check. | | | | | | |
| <input checked="" type="checkbox"/> The enclosed credit card payment form to charge the amount of <u>\$420.00</u> covers the extension fee. | | | | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed. | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | |
| 14. <input checked="" type="checkbox"/> Customer No. 26263 | | | | | | |
| Dated: <u>December 15, 2003</u> <u>David Rozenblat</u> (Registration No. 47,044) | | | | | | |

| CERTIFICATE OF MAILING | |
|---|---|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below. | |
| Dated: <u>December 15, 2003</u> | <u>David Rozenblat</u> David Rozenblat |

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